



# CREDIT CARD CHARGE AUTHORIZATION

MEMBER NAME: \_\_\_\_\_  
 ACCOUNT NUMBER: \_\_\_\_\_  
 CONTACT NAME: \_\_\_\_\_  
 PHONE: \_\_\_\_\_  
 FAX: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_

I hereby authorize Vicenza Designs to use the following credit card for:

PURCHASE ORDER NUMBER: \_\_\_\_\_ OR ALL ACCOUNT CHARGES: YES  
 (PLEASE CIRCLE IF APPLICABLE)

CARD HOLDER: \_\_\_\_\_  
 BILLING ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_ CITY STATE ZIP  
 CARD NUMBER: \_\_\_\_\_  
 EXPIRATION DATE: \_\_\_\_\_ CVS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_  
 PRINT NAME: \_\_\_\_\_